

## APPLICATION FOR LICENSE

City of Crystal

4141 Douglas Drive N, Crystal, MN 55422

Telephone: (763) 531-1000 / Facsimile: (763) 531-1188 Deaf and hard of hearing callers may call Minnesota Relay at 711.

PLEASE PRINT CLEARLY					
Applicant's Name:	Fee:*(0100.4145) \$				
Home Address:					
City/State/Zip:					
Business Name:	Business Phone: ( )				
Doing Business As:	Fax Phone: ( )				
Business Address, including zip code:					
I enclose the sum of as required by the Ordinances of said City and have comportinances necessary for obtaining this License PRIVATE ANIMAL KENNEL at the above addres COMMERCIAL ANIMAL KENNEL at the above	s for the period business address for the period				
	subject to all conditions and provisions of said				
Ordinance.					
ADDITIONAL REQUIREMENTS  1. Commercial & Private licenses: Kennel License Supp 2. Private license: Copy of current rabies vaccination for 3. Private license: Copy of current dog licenses from the The information in this Application For License is true and comple  Signature of Applicant	rms e Crystal Police Department				
*Fee: If exempt, fill out Licensing Fee Exemption Form					
(Fee = commercial kennel: \$125/new; \$105/renewal - private kennel: \$88/new; \$68/renewal)					
APPLICATION FOR LICENSE INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION  (Includes Tennessen Warning)  Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or the Social Security number of each license applicant.  Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:  This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;  The licensing agency will supply this information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;  Failure to supply this information may jeopardize or delay the issuance of your license or the processing of your renewal application.					
City Use Only: JDE# Date Enter	ed:				
•	ate:				
Signature of approval by City Manager					
Signature of approval by City Clerk					

## Certificate of Compliance Minnesota Workers' Compensation Law

#### PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law. LICENSE OR PERMIT NO (if applicable) BUSINESS NAME (Individual name only if no company name used) DBA (doing business as name) (if applicable) BUSINESS ADDRESS (PO Box must include street address) CITY STATE ZIP CODE YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below. **NUMBER 1** COMPLETE THIS PORTION IF YOU ARE INSURED: INSURANCE COMPANY NAME (not the insurance agent) EFFECTIVE DATE **EXPIRATION DATE** WORKERS' COMPENSATION INSURANCE POLICY NO. NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED: I have attached a copy of the permit to self-insure. **NUMBER 3** COMPLETE THIS PORTION IF EXEMPT: I am not required to have workers' compensation insurance coverage because: I have no employees. I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. Sec. 176.041 for a list of excluded employees.) Explain why your employees are not covered: Other: ALL APPLICANTS COMPLETE THIS PORTION: I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business. DATE APPLICANT SIGNATURE (mandatory) NOTE: If your Workers' Compensation policy is canceled within the license or permit period, you must notify the

NOTE: If your Workers' Compensation policy is canceled within the license or permit period, you must notify the City of Crystal by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

MN LIC 04 (11/08)

### KENNEL LICENSE SUPPLEMENTAL FORM

1.	Type of kennel (che	eck one):	Commercial Pr	ivate		
2.	Zoning classificatio	n of land:				
3.	Adjacent property uses:					
	North:		East:			
	South: West:					
4.	Nature and/or extent of kennel operation, including number of animals on the premises:					
5.	Kennel layout and construction:					
the '	two houses across the	street, and the two houses	quested from neighbors located of behind you. If your property is l d all corners. Please print clearly	ocated on a corner		
	Print Name	Signature	Address w/ Zip Code	Home Phone	Work Phone	
	***					
			,			
			d in this table. The letter will inc his kennel license will be an agend		name and	
We,	the undersigned, conse	ent to the residence at	re number, street, and zip code)		,	
in th	ne City of Crystal, havir	(housing three (3) or up to five (5)	ee number, street, and zip code) animals on the premises.			
An ap	oplicant for a kennel license m umber and types of animals pro	ust provide an up-to-date detailed pl	Code section 910.05, Subd. 3 an and description of the premises and struction other information as the City may deem	tures wherein the kennel necessary.	is to be operated,	
		ther animals that may be kept in a lie he abutting property owners have be	censed private kennel is five. The council meen informed of his/her intentions.	ay require that an applica	nt for a private	
	nnel license may not be issued limitations as may be prescribe		et of an existing restaurant, except upon appr	oval of the health authori	ty and subject to	
Арр	licant Signature:		Dated:			



4141 Douglas Drive North • Crystal, Minnesota 55422-1696

Tel: (763) 531-1000 • Fax: (763) 531-1188 • www.crystalmn.gov

# **Certification of Financial Responsibility**

This form must be completed and returned with a City license application.

		knowledge, based upon a review of the status of the property/business of Crystal at, I attest		
that the for	regoing p	roperty/business is financially responsible as outlined in Crystal City Code in full on the reverse of this form.		
I hereby cer (Circle a		I/we are current on the following financial obligations:		
Yes				
Yes	No	Utility Bills paid		
Yes	No	State Taxes paid		
Yes	No	Federal Taxes paid		
Yes	No	Other governmental obligations or claims concerning me or the business		
		entity named on this license application		
		ty Code 1005.29 (a) on the reverse side of this form.		
I certify und	der penal	ty of perjury that the foregoing is true and correct.		
Executed or	n:	(date)		
Print Name		Signature		
Note: Filing	g a false s	tatement with a government agency is a criminal offense.		
		Staff use only: UBPrevUBUB CertTaxPrevTax  Verified compliance <date>  Staff initials:</date>		

The City of Crystal has adopted the following ordinance:

Crystal City Code 1005.29 Financial responsibility; applicability. (a) Prior to the issuance of a license the applicant must file with the city clerk satisfactory evidence of financial responsibility. "Satisfactory evidence of financial responsibility" shall be shown by a certification under oath that the property taxes, public utility bills, and all state and federal taxes or other governmental obligations or claims concerning the business entity applying for the license are current, and that no notice of delinquency or default has been issued, or if any of the financial obligations stated in this subsection are delinquent or in default, that any such delinquency or default is subject to a payment plan or other agreement approved by the applicable governmental entity. "Satisfactory evidence of financial responsibility" as required by this subsection shall in addition be shown by any individual applicant and all individual owners and/or shareholders of the business entity. Operation of a business licensed under this section without having on-going evidence on file with the City of the financial responsibility required by this subsection is grounds for revocation or suspension of the license.

#### What does this mean for a City-issued business license?

Prior to issuance of a City-issued business license or renewal license, license holders are required to certify that the property taxes, utility bill, and all state and federal taxes for the property or the business entity applying are current. Also, the applicant must certify that no notice of delinquency or default has been issued or is subject to a payment plan.

#### What will happen if a license holder is not financially responsible?

A hearing is granted before the City Council. The Council may deny, suspend or revoke the City-issued business license. Upon providing satisfactory evidence of financial responsibility, the business owner may re-apply for the license.